

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024914

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 117

FILED JUN 24 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
Length of stay in 1b <u>11 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>810 Wood St</u>		d. STREET ADDRESS (If outside, give location) <u>810 Wood St</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <u>William C. Morrison</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/15/1883</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Springfield, Mo. U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY		

13a. FATHER'S NAME <u>James Morrison</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Ricketts</u>		14. NAME OF HUSBAND OR WIFE <u>Ara Bell Morrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of <u>yes World War I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>56 Ara Bell Morrison Lebanon, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Prostate</u> <u>of metastases</u> Interval between ONSET AND DEATH <u>2 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5/21/61</u>	20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>5/21/61</u> to <u>6/20/63</u> and last saw him alive on <u>6/4/63</u> Death occurred at <u>4: A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

21. SIGNATURE <u>Dr. J. E. Fisher MD</u>	22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>6/21/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/22/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
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24. FUNERAL DIRECTOR <u>Dorsey M. Howe</u>	ADDRESS <u>Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-1963</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Ray</u>
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USE BLACK INK
OR
TYPEWRITER RIBBON

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JUN 25 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 6-21-1963 D.M.H.